



MAY 0 9 2005 Western Lewis-Rectorville Water & Gas. COMMISSION



OFFICE: 8000 Day Pike Maysville, KY 41056 (606) 759-5740 1-800-230-5740 (606) 759-5977 Fax

TTD/DEAF, HARD OF HEARING SPEECH IMPAIRED PERSONS **CALL 711** TTY USERS CALL 1-800-648-6056 NON-TTY USERS CALL 1-800-648-6057

WATER TREATMENT PLANT 8012 Kennedy Creek Rd. Maysville, KY 41056 (606) 564-4449 (606) 564-4414 Fax

May 06, 2005,

Beth O'Donnell **Executive Director Public Service Commission** Post Office Box 615 211 Sower Boulevard Frankfort, Ky. 40602

Re: Case No. 2005-00189 Western Lewis-Rectorville Water & Gas (Gas Cost Recovery Rate Between Quarters Filing)

Dear Ms. O'Donnell,

Enclosed are four (4) copies of this Gas Cost Recovery Rate between Quarters Filing. The proposed rates are to be effective June 01, 2005. Western Lewis-Rectorville Water & Gas District request that the Public Service Commission deviate from the Tariff to allow a Gas Cost Recovery Rate Between Quarters filing due to the ever changing rates from our gas supplier.

Sincerely,

Pauline Bickley Pauline Bickley

Senior Office Clerk



Western Lewis-Rectorville Water & Gas



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8012 Kennedy Creek Rd.
Maysville, KY 41056
(606) 564-4449
(606) 564-4414 Fax

Beth O'Donnell Executive Director P.S.C. P.O. Box 615 211 Sower Boulevard Frankfort, Ky. 40602

RE: Case No. Western Lewis Rectorville Water & Gas (Interin Gas Cost Adjustment Filing) RECEIVED
MAY - 9 2005

PUBLIC SERVICE COMMISSION

Dear Ms. O'Donnell:

This is an Interin Gas Cost Adjustment Filing.. The proposed rates are to be effective for the month of June 2005. Under KRS 278. 180, Western Lewis Rectorville Water & Gas Dist. Request that the Public Service Commission, shorten notice period from 20 days. Due to our gas rates from our gas supplier is not received until the 4th. Or 5th. Day of the month. To allow rates to be effective June 1, 2005.

Sincerely:

Fauline Buckley
Pauline Bickley
Senior Office Clerk

BEFORE THE PUBLIC SERVICE COMMISSION OF KENTUCKY

IN THE MATTER OF

THE NOTICE OF

GAS COST RECOVERY
FILING OF THE WESTERN LEWIS-RECTORVILLE GAS DISTRICT

CASE NO. 2005-

NOTICE OF APPLICATION

YOUR APPLICANT, WESTERN LEWIS-RECTORVILLE GAS DISTRICT (THE DISTRICT) FOR THE PURPOSE OF COMPLYING WITH RULES AND REGULATIONS OF THE COMMISSION RESPECTFULLY ASSERTS:

- 1. IT IS A WATER AND GAS DISTRICT DULY ORGANIZED AND EXISTING UNDER THE LAWS OF THE COMMONWEALTH OF KENTUCKY.
- 2. CORRESPONDENCE AND COMMUNICATION WITH RESPECT OF THIS NOTICE SHOULD BE DIRECTED TO:

PAULINE BICKLEY SENIOR OFFICE CLERK 8000-DAY PIKE MAYSVILLE, KY 41056

- 3. WESTERN LEWIS-RECTORVILLE GAS DISTRICT GIVES THIS NOTICE TO THE PUBLIC SERVICE COMMISSION OF KENTUCKY PURSUANT TO THE GAS COST RECOVERY CLAUSE IN THE ORDER OF THE COMMISSION, DATED NOVEMBER 30, 1993.
- 4. THE DISTRICT HEREBY REQUESTS PERMISSION TO ADJUST ITS RATES, DUE TO A CHANGE IN ATMOS ENERGY MARKRTING LLC RATES, IN ORDER TO FURTHER COMPLY WITH THE RULES AND REGULATIONS OF THE COMMISSION. THE FOLLOWING EXHIBITS ARE ATTACHED HERETO AND MADE A PART HEREOF.

WESTERN LEWIS RECTORVILLE GAS DISTRICT

QUARTERLY REPORT OF GAS COST RECOVERY RATE CALCULATION

MAY 6, 2005
Date Rates to be Effective June 1st, 2005
Reporting Period is Calendar Quarter Ended:
February 28, 2005
,

SCHEDULE I

GAS COST RECOVERY RATE SUMMARY

Component Expected Gas Cost (EGC) + Refund Adjustment (RA) + Actual Adjusstment (AA) + Balance Adjustment (BA) = Gas Cost REcovery Rate (GCR) GCR to be effective for service rendered from	Unit \$/Mcf \$/Mcf \$/Mcf \$/Mcf \$/Mcf	Amount 8.4589 -,5938 0258 7,8393
A. EXPECTED GAS COST CALCULATION Total Expected Gas Cost (Schedule II) + Sales for the 12 months ended = Expected Gas Cost	Unit \$ Mcf \$/Mcf	Amount 362,393 42,842 8.4589
 B. REFUND ADJUSTMENT CALCULATION Supplier Refund Adjustment for Reporting Period (Schedule III). + Previous Quater Supplier Refund Adjmt. + Second Previous Qtr. Sp. Refund Adjmt. + Third Previous Qtr. Sp. Refund Adjustment = Refund Adjustment (RA) 	Unit \$/Mcf \$/Mcf \$/Mcf \$/Mcf \$/Mcf	Amount
C. ACTUAL ADJUSTMENT CALCULATION Actual Adjustment for the Reporting Period (Schedule IV) + Previous Quarter Reported Actual Adjust. + Second Previous Qtr. Reported Actual Adj. + Third Previous Qtr. Rported Actual Adjmt. = Actual Ajustment (AA)		Amount5938
D. BALANCE AJUSTMENT CALCULATION Balance Adjustment for Reporting Period (Schedule V) + Previous Quater Reported Balance Adjmt. + Second Previous Qtr. Reported Bal. Adjmt. + Third Previous Qtr. Reported Bal. Adjmt. = Balance Ajustment (BA)	Unit \$/Mcf \$/Mcf \$/Mcf \$/Mcf \$/Mcf	Amount -, 0258

SCHEDULE II

EXPECTED GAS COST

Actual* Mo	of purchase	d for 12 mon	ths ended	February	28,2005
(1)	(2)	(3)	(4)	(5)**	(6)
		Btu			(4)×(5)
Supplier	Dth Conver	<u>rsion Factor</u>	Mcf	<u>Rate</u>	Cost
Atmos Energy	47,624	1028.3	46,319	8.66	412,424

47,624

46,319

412,424

Totals

Line loss for 12 months ended Feb. 28, 2605 is .075% based on purchases of $\frac{12}{6}$, $\frac{319}{9}$ Mcf and sales of $\frac{42}{5}$, $\frac{892}{5}$ Mcf.

	<u>Unit</u>	<u>Amount</u>
Total Expected Cost of Purchases (6) + Mcf Purchases (4) = Average Expected Cost Per Mcf Purchased	\$ <u>Mcf</u> \$/Mcf	412,424 <u>46,3</u> 19 8. 9040
<pre>x Allowable Mcf purchased (must not exceed</pre>	Mcf \$	<u>40,700</u> 362,393

^{*} Or adjusted pursuant to Gas Cost Adjustment Clause and explained herein.

^{**} Supplier's tariff sheet or notices attached.

MONTHLY PRICE CALCULATION

Stan McDivitt (ext. 106) / Debbie Blandford (ext. 108) Amos Energy Marketing, LLC (270) 684-0459 (270) 684-8418	stanley.mcdivitt@atmosenergy.com / jennifer.waddell@atmosenergy.com	30 202 lindex Gas 6,080 \$8.66 \$52,489.49 \$0.00 \$00 \$00 \$8.66 \$52,489.49 \$0.00 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$
		\$7.2900 \$0.0334 \$0.0334 \$0.036 \$0.036 \$0.038 \$7.5098 \$7.5098 \$7.798 \$0.1000 \$6.1000
Pauline Bickley Western Lawis-Rectorville (606) 759-5740	(06) 564-4414	APRIL 2005 PRICE CALCULATION Inside FERC Col. Gulf Index Columbia Gulf FTS1 Commodity Columbia Gulf FTS1 M/L Demand Charge 238 S. 1450 AEM fee
001/002 Pr Prompany: W		

& Gas District ike CY 41056





RECEIVED

MAY 0 9 2005

PUBLIC SERVICE COMMISSION

_ C					EXPRESS Addressee Copy Label 11-B March 2004
		Ε.		Executive I P. O. Box 6	MAIL UNITED STATES POSTAL SERVICE Delivery Altempt Pan Pan Employee Signature
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0	3 COPIES	Date Accepted	Scheduled Date of Delivery Month Day Scheduled Time of Delivery	S	Delivery Date Time
\bigcirc	MAKING 3	Time Accepted	Nean 3 PM Military 2nd Day 3rd Day	S S Total Postage & Fees S Acceptance Emp. initials	PAYMERT O'ALCUPATION PAYMERT O'ALCUPATION Additional merchandise insurance is void if Espress Mail Corporatio Acet. No. Postal Service Acet. No. Postal Service Acet. No. visit apoid of delivery insurance insurance in void in the control of the control ocation is and i authorise that delivery employee is signature constitutes visit proof of delivery.
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